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ABSTRACT

A literature review and survey were conducted to help develop guidelines for the establishment of a post-graduate preceptorship program for new nurses. The major role of the preceptorship in nursing is to assist recent graduates in making the transition from school to professional life through a clinical experience during which the new nurse works on a one-to-one basis with an experienced nurse preceptor. Surveys were mailed to 50 hospitals and 25 schools of nursing, requesting information concerning preceptorship programs, curriculum, and topics for the guidelines. The survey found that of the 27 responding hospitals, 13 had a preceptorship program for new employees; and of the 16 responding nursing schools, 5 offered a preceptorship experience. All of the hospitals and schools which had preceptorship programs were pleased with the results. The study report includes the resulting "Guidelines for the Preceptorship in Nursing Program," which detail program goals and objectives; the roles of the preceptee, preceptor, program coordinator, and preceptorship task force; information on choosing, preparing, and rewarding preceptors; guidance on preceptee recruitment, requirements, orientation, and evaluation, along with relevant forms; information on planning the curriculum and the present status of the curriculum at Mt. San Antonio College, California; a discussion of legal implications and student and institutional liability; an overview of fiscal considerations; and materials for program evaluation. (LAL)

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DEVELOPMENT OF GUIDELINES FOR A POST-GRADUATE PRECEPTORSHIP IN NURSING PROGRAM

by

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ABSTRACT

DEVELOPMENT OF GUIDELINES FOR A POST-GRADUATE PRECEPTORSHIP IN NURSING PROGRAM

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Nature of the Problem

Reality shock, or biculturalism, in nursing has been a problem of long standing. The term, "reality shock," was coined by nursing researcher Marlene Kramer in 1974. Since that time, many studies have been conducted on this problem. The preceptoring concept and preceptorship programs are one attempt to solve this problem.

Purpose of the Study

Mt. San Antonio College and the San Gabriel Valley Nursing Task Force have initiated a post-graduate preceptorship program as a solution to the problem of reality shock in nursing. The Task Force has requested the compilation of guidelines for the program to be shared with other nursing groups interested in beginning such a program.

Procedures

The procedures undertaken for this practicum resulting in guidelines for the preceptorship program included a thorough literature search utilizing the resources of four University libraries as well as a computerized database bibliographical search. Survey questionnaires were sent to fifty hospitals and twenty-five schools of nursing to gather data concerning preceptorship programs, curriculum and topics for

the guidelines. Data was analyzed and a comparison of hospital responses versus nursing school responses was reported.

Conclusions

In light of the literature review and results of the surveys, the following conclusions were drawn:

1. The literature review would indicate the preceptorship model is a successful method of easing role transition for new nursing graduates.
2. The results of the ranking by priority of curriculum topics indicates that nursing educators and hospital respondents see the clinical needs of new graduates similarly.
3. Schools of nursing and hospitals incorporating a preceptorship in their programs are happy with the results as are others reported in the literature.
4. Nursing educators and nursing service respondents reported more than 50% concurrance with all topics for the guidelines and curriculum listed in the survey.
5. It was suggested that the topic of student evaluations be added to the guidelines.
6. It was suggested that the DRG system of reimbursement and cost containment be added to the curriculum.

Recommendations

Based on the review of the literature, results of the survey, and conclusions, the following recommendations are made:

1. The finalized guidelines of this practicum be distributed to other interested nursing organizations.

2. The Task Force add DRGs and cost containment to the curriculum and student evaluations to the guidelines.
3. The survey be conducted using a larger sampling.

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Chapter 1

INTRODUCTION

Nature of the Problem

In recent years, new nursing graduates from Associate Degree and Baccalaureate Degree programs have had difficulty in their role transition from student to professional practitioner (Wandelt 1981). This difficulty in adjustment causes discouragement, disillusionment, and discontent on the part of the new nurse. The syndrome of discouragement has been termed "reality shock" (Kramer 1974) and results in one-third of new nurses leaving nursing every year (Kramer 1971).

In the 1950's, nursing began to move away from the hospital setting and onto the college campus. With this change came fewer clinical hours for students and less contact with role models. This change has resulted in new nursing graduates being less prepared for the work world (Vareb 1981).

It has been documented in the literature, that new graduates having a period of role transition in a preceptorship or internship program make a smoother role transition (Kramer 1978). These new nurses, having experienced such a program, stay in their first jobs longer, are more satisfied with nursing, and have more respect for their co-workers (Kramer 1978).

Mt. San Antonio College and the San Gabriel Valley Nursing Task Force have developed a post-graduate preceptorship program for new nursing graduates. The San Gabriel Valley Nursing Task Force, hereafter

referred to as the Task Force, is composed of nursing administrators and nursing educators representing five major hospitals and three schools of nursing in the San Gabriel Valley of the greater Los Angeles area. This innovative nursing service - education consortium has initiated an eight weeks preceptorship for new nursing graduates in the Los Angeles area.

Having had several requests from community colleges and other nursing organizations interested in initiating a similar program in their geographical areas, the Task Force has requested that program guidelines be developed and written.

Purpose of the Study

The purpose of this study is to develop guidelines that will be useful to nursing service and nursing education groups desiring to establish a post-graduate preceptorship program for new nurses. The study would also assist the Task Force in reviewing the program and consideration of program changes based on input from other nursing leaders.

It is anticipated that preceptorship programs must necessarily vary from one organization to another. However, many similarities must necessarily occur. The guidelines formulated in this practicum will inform other organizations wishing to develop a similar program in such matters as

Whom to involve

Curriculum content

Roles of participants

Goals and objectives of the program

Establishing and maintaining communication

Preparation of preceptors

Legal implications and requirements

Fiscal considerations

Evaluation of the program

Other topics as identified by the survey questionnaire.

Method of Investigation

The investigation undertaken for this study included a thorough literature search on the topics of preceptorship programs (internship and mentorship) with an emphasis on the development of guidelines for such a program. Also included was a survey questionnaire mailed to selected hospitals and schools of nursing to aid in identification of additional topics that might need to be included in the guidelines.

Guidelines were developed based on the results of the literature search, survey questionnaire and critique of the Task Force. The resulting guidelines may be found in Appendix C.

Chapter 2

BACKGROUND AND SIGNIFICANCE

Summary Statement

The literature review included readings on preceptorhsip, internship, mentoring programs for new nurse graduates. Special emphasis was given to those readings presenting guidelines for development of such programs. It was felt that these readings would present adequate background information for the survey questionnaire and eventual guidelines resulting in this practicum. The resources utilized for the literature search included the libraries of the University of California Los Angeles, California State University Los Angeles, and University of California Irvine. A Lancers database search was also utilized through the Los Angeles County Superintendent of Schools office.

Relationship of the Study to the Seminar

The development of non-traditional programs in the education of adults are certainly increasing (Knowles 1977). The preceptoring concept is a non-traditional, experiential approach to the education of adults.

Therefore, guidelines for the development of a non-traditional, experiential program would necessarily relate to learning theories and their application, in particular, learning theories for adult programs.

In the development of guidelines for a post-graduate preceptorship in nursing, the learning theory, management of learning, and application are included.

Institutional Benefit

The guidelines for the preceptorship in nursing program resulting from this practicum will be of benefit to Mt. San Antonio College in the establishment and future continuation of this program. Several other community colleges and nursing groups have requested information on the establishment of a similar program in their institutions. Printed guidelines would assist in disseminating this information and will be available to interested parties.

Review of the Literature

Preceptorship in nursing is documented as early as 1965 (Fleming 1975). A computerized database search did not reveal a post-graduate nursing education - nursing service consortium program. Therefore, the literature review will pertain to preceptorships within nursing education and preceptorships within nursing service.

Preceptorships in Nursing Education (Stuart-Siddall and Haberlin 1983) presents theory and guidelines for preceptorships within nursing education, specifically baccalaureate nursing programs. The authors have given major emphasis to the role of the preceptor and preceptor preparation. The publication contains research results and evaluation materials. A very helpful chapter for nursing administrators including legal aspects of a preceptorship affiliation within the hospital setting.

Ohlone Community College in Fremont, California received a grant from the W.K. Kellogg Foundation to develop and publish an education based preceptorship for Associate Degree nursing students. The published document, Ohlone Transition: Student to Staff Nurse, presents guidelines for establishing a preceptorship based on the Ohlone model (Water, Limon, and Spencer 1983). While this publication does not

address curriculum content, it does describe, in some detail, the management and organization of the program, choosing and preparation of preceptors, and the logistics of administration including legal concerns.

In A Clinical Preceptorship to Prepare Reality-Based ADN Graduates, Limon, Spencer, and Waters (1981) discuss the Ohlone Transition program and the research involved in evaluating the program. Methods of evaluation are discussed and measured in self concept, self actualization, and nursing role conception. In addition, a skills survey dealing with the graduates competence, confidence, and evaluation of skills was developed.

In an unpublished, informational brochure entitled "Transition: Student Nurse to Staff Nurse," Saddleback Community College, School of Nursing presents a preceptorhsip program for ADN students. The author presents the mission and goals of the program, procedures and methodology, and roles of preceptors. Curriculum design was not presented (1980).

Patricia Benner (1982) discusses levels of nursing competence and the need to evaluate skill performance in nursing. Utilization of the Dreyfus Model of Skill Acquisition is suggested as a useful tool in evaluating nursing performance, thus measuring role transition from novice to expert. It is felt that identifying levels of competence would assist in the development of role transition programs for new graduates.

A nursing service based nurse internship program is discussed by Fleming, Woodcock, and Boyd (1975). The program, in it's fifth year, has been very successful, according to the authors, in assisting new nursing graduates from both ADN and BSN programs in their role transition

to staff nurse. The authors have shared some of the programs guidelines but do not consider curriculum content or preparation of clinical nurse instructors. The program most closely related to the Task Force Preceptorship program is presented in "Externship Programs: The Mississippi Model" (Allison et. al. 1984). The article describes a collaboration effort between nursing education and nursing service to assist student nurses in gaining clinical experience and expertise before graduation. Guidelines include by-laws of the ad hoc committee, legal implications, fiscal considerations, control and administration of the program. As these nurse externs were still students, theory was not a part of the program. This program is now in it's second year and has been very successful in easing role transition, recruitment, and retention of nurses.

Preceptorships in Nursing Staff Development (Morrow 1984) is a comprehensive publication addressing the development of nursing service preceptorships. The book includes guidelines, charts, planning, and analysis tools to assist the staff development nurse in initiating a hospital based preceptorship program for new nursing graduates.

Barbara Brunt (1982) presents research results that identify areas in which ADN nurses need improvement and extensive orientation. These areas include insufficient clinical practice, weak knowledge of pharmacology, weak delivery of nursing care on evenings and nights, weak ability to organize, set nursing priorities, and make simple decisions about nursing care. The author also identified that new graduates have difficulty asking for help and need mutual trust and comradery with other nursing staff members.

Chapter 3

PROCEDURES

This study was conducted during the first semester of the 1984-85 school year. The study included defining the program with the Task Force, use of a survey questionnaire mailed to hospitals and schools of nursing, and review and critique of the data and guidelines by the Task Force. Review of the literature in the areas of preceptorship programs, internships, mentorships in nursing was carried out. A detailed explanation of the procedures used for collection of data is presented in the following paragraphs.

Selecting Items for Questionnaire

A review of literature was conducted to ascertain possible topics to be discussed with the Task Force in the design and construction of the questionnaire. Items recommended by the Task Force were added to the questionnaire.

Developing the Questionnaire

In order to obtain data from both nursing educators and nursing administrators, the Task Force was utilized in the development of the questionnaire. The nominal group process was implemented with the Task Force to identify topics considered necessary to be included in the guidelines. These items were listed and prioritized. Each questionnaire contained four parts:

Part I - Demographics of the institution. Four questions were

included concerning the type of institution, size of the institution, proprietary status of the institution, and position of the person responding.

Part II - Questions concerning the institutions involvement with preceptorship programs. Six questions were asked concerning present status of preceptorship programs within the institution, duration of the preceptorship, and respondents feelings about the worth of preceptorship within the institution.

Part III - Curriculum content. Thirteen curriculum topics were listed and respondents were asked to prioritize them with the most important topic being given a one, and so forth. Participants were asked to add any topics they felt important that might not have been included on the list.

Part IV - Topics that should be included in the guidelines. Nine topics were listed and respondents were asked to mark "Yes" or "No" as to whether the topic should be included in the guidelines. Respondents were asked to add topics that would be of help to them that were not included on the list.

Cover letters were developed to accompany the questionnaires explaining the project and soliciting cooperation.

Revising the Questionnaires

The nursing educator's and nursing administrator's questionnaires were reviewed and critiqued by the Task Force. Suggestions were made concerning rephrasing of one question in Part I, and sequence of listing in Part IV. The questionnaires were revised in accordance with the recommendations.

Criteria for Selecting the Sample

Fifty hospital nursing administrators and twenty-five directors of nursing programs were considered a valid sample. Only hospitals in California over one hundred beds in size, were sampled. It was felt by the Task Force, that this sampling would produce the most varied approach to new graduate orientation and eliminate the smaller hospitals that are less likely to employ new graduates. Hospitals represented on the Task Force were excluded from the sampling. Of the twenty-five schools of nursing sampled, ten were Baccalaureate Nursing programs and fifteen were ADN programs as this is a proportionately equal distribution of these program types in the state of California.

Selecting the Sample

The fifty hospitals sampled were randomly selected from the American Hospital Association Directory (1984). Only hospitals over one hundred beds were considered and an equal geographical distribution as well as proprietary governance were considered. There are several hundred hospitals meeting these criteria. All hospitals meeting the criteria of being over one hundred beds were written on slips of paper and placed in containers. One container for hospitals north of Fresno and one container for hospitals south of Fresno. The first twenty-five hospitals drawn from north and the first twenty-five drawn from the south consitituted the sample.

The ten BSN program schools of nursing were randomly selected from the California State University system using the Directory of California State Universities (1984). An equal geographical distribution was achieved by sampling an equal number of hospitals and schools

of nursing in northern and southern California. For this study, Fresno was the north-south dividing line for the state.

The selected sample was verified with the Task Force for equal representation, geographical distribution, and variety of samples selected. The sampling was verified.

Mailing the Questionnaire

The final questionnaire and cover letters were mailed on October 15, 1984 to the verified sampling. Copies of the cover letter and questionnaire to nursing administrators may be found in Appendix A. Copies of the cover letter and questionnaire to nursing educators may be found in Appendix B.

Analysis of the Data

The data from the respondents was analyzed as follows:

1. Responses to Part I were analyzed for comparison of respondents.
2. Responses were analyzed for variety of respondents experience with preceptorship programs.
3. Part III was analyzed by ranking curriculum topics according to priorities as determined by the respondents. Topics suggested by respondents were also reported.
4. Part IV was analyzed according to percentage of "Yes" and "No" responses. Those items receiving a majority of "Yes" responses were included in the guidelines. Those items receiving a majority of "No" responses were not included in the guidelines. Additional topics suggested by respondents were included in the analysis.

Chapter 4

RESULTS OF THE STUDY

Hospital Questionnaire

As the demographics of the hospitals and schools of nursing were addressed in a different manner, the results of the study will be reported separately. Of the fifty hospitals surveyed, 29 (58 percent) responded.

The first four items in Part I of the questionnaire addressed the size and proprietary status of the institution as well as basic information concerning employment of new nursing graduates.

Item number one concerned the size of the hospital as measured by number of patient beds. Of the 27 hospitals responding, nearly one-half, 19 (51.85 percent), were between 100 and 200 beds in size. Seven (25.93 percent) were between 200 and 300 beds, four (14.81 percent) were between 300 and 400 beds, and only two (7.41 percent) were over 400 beds. These data are shown in Table 1.

Table 1

Hospitals Responding By Size Based On
Number of Beds

Number of Beds	Number Responding	Percent
100 - 200	14	51.85
200 - 300	7	25.93
300 - 400	4	14.81
Over 400	2	7.41
Totals	27	100.00

The proprietary or ownership status of the hospital was surveyed in item two. The types of ownership surveyed included non-profit/privately owned, non-profit/church affiliated, and for profit/corporation owned. As indicated in Table 2, of 27 respondents, 13 (51.85 percent) were non-profit/privately owned. Two (7.41 percent) were non-profit/church affiliated, and 12 (44.44 percent) were for profit/corporation owned.

Table 2

Hospital Respondents By Proprietary Status

Ownership Status	Number Responding	Percent
Non-Profit/Privately Owned	13	50.85
Non-Profit/Church Affiliated	2	7.71
For Profit/Corporation Owned	12	41.44
Totals	27	100.00

Item number three addressed the institution policy on hiring of new nursing graduates. Of the 27 respondents, slightly over three-fourths, 21 (77.77 percent) responded "Yes" they do hire new graduates and 6 (22.23 percent) indicated they do not hire new graduates.

Item number four assessed the number of new graduates hired on an annual basis by the institutions answering "Yes" to item three. The average number of new graduates hired annually by the responding institutions was 11.71.

Part II of the hospital questionnaire addressed institutional preceptorship program as a method of orienting new graduate employees. Item one asked if the institution currently had a preceptorship program as part of its orientation program for new graduates. Of the 27 institutions responding, nearly one-half, 13 (48.15 percent), indicated they did have a preceptorship program while slightly over one-half, 14 (51.85 percent) indicated they did not.

Item number two, part a, asked of those indicating they did have a preceptorship program in item number one, how long was their program in number of weeks. Of the 13 responding, the average program duration was six weeks. All of the respondents, 13 (100 percent) indicated they were happy with their preceptorship program.

Item number three, part a, was directed to the respondents who indicated they did not have a preceptorship program. The item asked if they were planning on initiating a preceptorship in the near future. Of the 13 responding, nearly one-fourth (3, 23 percent) indicated they were planning on initiating a preceptorship model while 8 (61.53 percent) indicated they were not, and one (7 percent) was not sure if they would be instituting a preceptorship program. Part b, of item three, asked

what orientation model, other than preceptorship, was used to orient new graduates in that institution. Responses to this item were varied and highly individualized. The responses are ranked in Table 3 according to model type and percentage of respondent. Only 8 of the 13 (61.53 percent) indicated they did not have a preceptorship program, responded to this item. Responses are grouped according to predominant method reported.

Table 3

Orientation Models Reported Other Than Preceptorship

Model	Number Responding	Percent
Classroom Discussion	4	50.00
Classroom and Clinical Experience	2	25.00
Coordination With Head Nurse	1	12.50
Buddy System	1	12.50
Totals	8	100.00

Part three of the hospital questionnaire asked the respondents to rank by priority topics of curriculum content. The results of this ranking are presented in Table 4. The raw score was determined by totaling each item's ranking number. Therefore, the lowest numerical score was determined to be highest priority by the respondents.

Table 4

Hospital Respondents Ranking of Curriculum Content

Topic	Rank	Raw Score
Clinical Decision Making	1	84
Prioritizing	2	97
Organizing Skills	3	103
Communication Skills	4	134
Leadership Skills	5	159
Assessment Skills	6	162
Stress Management	7	183
Documentation	8	193
Assertiveness	9	217
Patient Education Techniques	10	248
Ethical Dilemmas	11	255
I.V. Therapy Skills	12	272

Item thirteen in Part III asked the respondents to suggest curriculum topics other than those listed, that should be considered in the curriculum content. The following suggestions were made:

Dealing with Conflict

Cultural Deviations

DRG Impact (Medicare reimbursement)

Cost Containment

Reality Shock

Professional Responsibility

Death and Dying

Part IV of the hospital questionnaire asked respondents to indicate from a given list, which topics should be included in the guidelines for the preceptorship program. Table 5 lists the topics and number of respondents indicating "Yes" or "No" to each suggested topic.

Table 5

Topic Response By Hospitals

Topic	Percent Yes	Percent No
Program Goals	100.00	0.00
Program Objectives	100.00	0.00
Role Description	92.86	7.14
Curriculum	92.86	7.14
Choosing Preceptors	100.00	0.00
Preceptor Preparation	100.00	0.00
Legal Implications and Requirements	92.86	7.14
Program Evaluation	100.00	0.00
Forms Used	88.89	11.11
Fiscal Considerations	77.78	22.22

Item II of Part IV, asked the respondents to indicate topics that might be included but were not listed. Adult learning theories was the only suggested topic.

School of Nursing Questionnaire

Of the 25 schools of nursing surveyed, 16 (64 percent) responded.

The first two items in Part I addressed the nature of the school of nursing. Item one asked the respondent to indicate if the nursing program represented was a BSN or ADN program. One-fourth of the respondents (4, 25 percent) indicated they represented BSN programs while three-fourths (12, 75 percent) indicated they represented ADN programs.

Item two asked respondents to indicate how many students were currently enrolled in their programs. These data are shown in Table 6. Ten (62.5 percent) of the respondents indicated there were more than one hundred students in their programs. Three respondents (18.75 percent) indicated they had 26 to 50 students while one respondent (6.25 percent) reported 51 to 75 students currently enrolled. Two schools of nursing (12.50 percent) indicated they had 76 to 100 students.

Table 6

Number of Students Enrolled in Nursing Schools Responding

Number of Students	Number Responding	Percent
0 - 25	0	0.00
26 - 50	3	18.75
51 - 75	1	6.25
76 - 100	2	12.50
More than 100	10	62.50
Totals	16	100.00

Part II of the schools of nursing questionnaire addressed information concerning preceptorship programs. Item one asked respondents if

they have a preceptorship experience as part of their basic program. Of the 17 responding, 12 (70.59 percent) indicated they did not offer a preceptorship experience while 5 (29.41 percent) indicated they did offer such an experience.

Item two, part b, asked the five "Yes" respondents to item one how long their preceptorship program is. Table 7 indicates the lengths of time reported.

Table 7

Time Length of Preceptorship Program

Length of Time Reported	Number Reporting
One Semester	1
One Quarter	1
Eight Weeks	1
Six Weeks	1
300 Hours	1
Total	5

Item two, part b, asked the respondents if they felt their students were better prepared for professional practice because of their preceptorship programs. All five respondents indicated "Yes" to this item.

Item three of Part II asked respondents indicating they did not have a preceptorship program in Part II, item one, if they were planning on initiating a preceptorship model. Of the seven responding, slightly over one-fourth (2, 28.57 percent) indicated they were planning such a

program while five (71.43 percent) indicated they were not.

Part b of item three, asked respondents to explain their answer to part a, preceding it. Three respondents indicated lack of funds as the reason they were not developing a preceptorship and one respondent indicated lack of interest by hospitals utilized in the program as clinical facilities.

Part III of the nursing schools questionnaire concerned the curriculum of the preceptorship program. Respondents were asked to rank by priority topics of curriculum content. The results of this ranking are presented in Table 8. Topics were ranked by priority of importance, one being highest priority and 12 being lowest priority. The topic receiving the highest score was lowest priority.

Table 8

Nursing School Respondents Ranking of Curriculum Content

Topic	Rank	Raw Score
Clinical Decision Making	1	35
Prioritizing	2	55
Organizing Skills	3	58
Assessment Skills	4	61
Communication Skills	5	72
Documentation	6	78
I.V. Therapy Skills	7	108
Leadership Skills	8	111
Assertiveness	9	114

Table 8 (Continued)

Topic	Rank	Raw Score
Patient Education Techniques	10	125
Stress Management	11	132
Ethical Dilemmas	12	144

Part IV asked participants to address topics to be included in the guidelines for a preceptorship program. Table 9 lists the topics and number of respondents indicating "Yes" or "No" to each suggested topic.

Table 9

Topic Response By Schools of Nursing

Topic	Percent Yes	Percent No
Program Goals	100.00	0
Program Objectives	100.00	0
Role Descriptions	100.00	0
Curriculum	87.50	12.5
Choosing Preceptors	87.50	12.5
Preceptor Preparation	100.00	0
Legal Implications and Requirements	100.00	0
Program Evaluation	100.00	0
Forms Used	87.50	12.5
Fiscal Considerations	81.25	18.75

Item II of Part IV asked the respondents to indicate topics that might be included but were not listed. Two respondents suggested student evaluation be included and one respondent suggested resume writing and interviewing be included.

Chapter 5

DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS

Discussion

This study was conducted as background information for developing guidelines for the San Gabriel Valley Nursing Task Force Preceptorship in Nursing. Survey questionnaires were mailed to fifty hospitals and twenty-five schools of nursing. Items addressed specifics of the institution, preceptorship programs in effect, curriculum content, and topics to be included in the guidelines. As the questionnaires to hospitals addressed items in a somewhat different manner from questionnaires to schools of nursing, the results were reported separately.

The majority of hospitals responding were 100 to 200 patient beds in size and non-profit/privately owned. Most of the hospitals reported hiring new graduates and averaged 11 to 12 new graduate employees annually. The hospitals were quite evenly divided between those having preceptorship programs and those not having such a program with slightly more having a preceptorship program. The preceptorship programs reported varied in length from two weeks to twelve weeks. All hospitals with preceptorship programs were happy with the results of their programs.

The curriculum topic of greatest importance to nursing service was clinical decision making with prioritizing, organizational skills, and assessment skills following closely. The curriculum topic deemed of least importance was ethical dilemmas. Nursing service respondents also suggested Diagnosis Related Group (hereafter known as DRGs) impact

and cost containment be added to the curriculum.

Topics for the guidelines were surveyed also. Nursing service respondents indicated unanimously that program goals and program objectives, the choosing and preparation of preceptors, and program evaluation should be a part of the guidelines. Adult learning theories was also recommended as a topic. Adult learning theories are included as part of preceptor preparation and preceptee orientation.

The majority of nursing schools reporting were ADN programs with only four BSN programs reporting. The majority of schools reported having over one hundred students in the program. Less than one-third of school reporting have a preceptorship experience as part of their basic program. Of those having such an experience, they unanimously reported the experience as valuable to their students role transition. Of those not currently having a preceptorship program, only two indicated they were planning on initiating such a program.

Nursing educators were asked to rank curriculum topics as were nursing service respondents. Nursing educators saw clinical decision making, prioritizing, organizational skills, and communication skills as being the most important and I.V. therapy skills as being least important. It was suggested that cost containment be added to the curriculum.

Schools of nursing responding were asked to indicate "Yes" or "No" to possible topics to be included in the guidelines. They indicated all topics should be included with least consideration given to choosing preceptors, forms used, and fiscal considerations.

As curriculum for post-graduate preceptorships is not discussed in the literature, it is difficult to compare and contrast this area of

the program. However, Brunt (1982) identified areas of weakness in new nursing graduates. Her findings indicate new nurses lack skills in organizing, prioritizing, and clinical decision making. They also lack clinical experience and need mutual trust and comradery to develop self confidence according to Brunt. The results of the survey would seem to indicate concurrance with Brunt as nursing service and nursing educators both gave high curriculum priority to the topics of clinical decision making, prioritizing, and organizing in that order. Nursing educators and nursing service differed in their opinions as to the importance of leadership skills with educators ranking this topic eighth and service respondents ranking it fifth. There was also a significant difference in the ranking of stress management and I.V. therapy skills. Nursing educators ranked stress management eleventh while hospital respondents ranked it seventh. Intravenous therapy skills were ranked seventh by educators and twelfth by nursing service.

The literature is supportive of the preceptoring concept as a successful role transition model for new graduates (Stuart-Siddall, Waters, Limon, Benner, and Flemming, Woodchock, and Boyd). The results of the survey would indicate concurrance with this finding. Of the hospitals and schools of nursing responding who have preceptorship programs, all of them were happy with the results of their programs.

Several additional curriculum subjects were suggested by respondents. These subjects included dealing with conflict, cultural deviations, DRG system of medicare reimbursement and cost containment, reality shock, professional responsibilities, and death and dying.

Conclusions

Based on the literature review and results of the survey, the

following conclusions seem apparent:

1. The preceptorship model is a successful method of easing role transition for new nursing graduates based on research results reported in the literature.
2. Institutions are happy with the results of preceptorship programs which substantiates the work of Kramer.
3. Nursing educators and hospital respondents see the clinical needs of new graduates similarly based on the ranking of curriculum topics.
4. New nursing graduates need a clinical experience in a supportive environment as reported in the literature and substantiated by the results of this study.
5. Schools of nursing and hospitals incorporating a preceptorship in their programs are happy with the results as are others reported in the literature.
6. Nursing educators and nursing service respondents concur that new nursing graduates lack skills in clinical decision making, prioritizing, and organizing. This is consistent with the findings in the literature.
7. Nursing educators and nursing service respondents reported greater than 50 percent concurrance with all topics of curriculum listed in the survey. Therefore, the following topics will be included:

    Leadership Skills

    Stress Management

    Ethical Dilemmas

    Organization Skills

Prioritizing

I.V. Therapy Skills

Assessment Skills

Documentation

Clinical Decision Making

Assertiveness

Patient Education Techniques

Communication Skills

8. Nursing educators and nursing service respondents reported greater than 50 percent concurrance with all topics for the guidelines. Therefore, the following topics will be included:

Program Goals

Program Objectives

Role Descriptions

Curriculum

Choosing Preceptors

Preceptor Preparation

Legal Implications and Requirements

Program Evaluation

Forms Used

Fiscal Considerations

Recommendations

Based on the review of the literature, results of the survey, and conclusions, the following recommendations are made:

1. The San Gabriel Valley Nursing Task Force and Mt. San Antonio

College pursue the written guidelines for the Preceptorship in Nursing Program.

2. The finalized guidelines be distributed to other nursing organizations and institutions interested in developing a preceptorship program.
3. The Task Force consider adding student evaluation procedures to the guidelines.
4. The Task Force consider adding DRGs and cost containment to the curriculum.
5. The survey be conducted using a larger sampling.
6. Follow-up interviews be conducted to determine rationale for respondents ranking of curriculum content.
7. Follow-up interviews be arranged to determine respondents rationale for replies to guideline topics.
8. Additional research be conducted in the areas of nursing education and basic curriculum to address the deficiencies in new graduates concurred upon by nursing service, nursing educators and reported in the literature. Those deficiencies being clinical decision making, prioritizing, and organizing.
9. The nursing education-nursing service consortium effort be continued in an effort to address new graduate role transition and reality shock.

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MT. SAN ANTONIO COLLEGE
COMMUNITY COLLEGE DISTRICT
1100 NORTH GRAND AVENUE • WALNUT, CALIFORNIA 91789
Telephone: 714/594-5611

October 15, 1984

Dear Colleague:

The San Gabriel Valley Nursing Task Force and Mt. San Antonio College have developed a post-graduate preceptorship program for new nursing graduates. We are attempting to improve the program and prepare guidelines for the development of such a program. Written guidelines would be helpful to other nursing education - nursing service groups wishing to initiate a similar program.

As part of the requirements for a doctoral degree, I am developing written guidelines for such a program.

Enclosed is a questionniare that will be used in the study. Your response will be very valuable in both improving the present program and in the development of written guidelines. We would appreciate your input very much.

If you would like a copy of the results of this survey and the guidelines developed as a result of this study, please so indicate on the last page of the questionnaire.

Sincerely,

Sue Lohr

Sue Lohr, R.N., M.A.
Program Coordinator

GUIDELINES FOR THE DEVELOPMENT OF A POST-GRADUATE
PRECEPTORSHIP IN NURSING PROGRAM

Part I. General Information

1. What is the size of your hospital?

   a. 100-200 beds

   b. 200-300 beds

   c. 300-400 beds

   d. Over 400 beds

2. What is the proprietary status of your hospital?

   a. Non-profit, privately owned

   b. Non-profit, church affiliated

   c. Corporation owned

3. Do you hire new nursing graduates or interim permitees?

   a. Yes

   b. No

4. If your answer to question number 3 is "yes," how many new graduates do you hire yearly? _____

Part II. Information Concerning Preceptorship Programs

1. Do you currently have a preceptorship program as part of your new employee orientation program?

   a. Yes

   b. No

2. If your answer to question number 1 was "yes,"

   a. How long is your preceptorship program? _____

   b. Are you happy with the results of the program?

      Yes No

3. If your answer to question number 1 was "no,"

   a. Do you plan on initiating a preceptorship model?

      Yes No

   b. What orientation model do you use? _____

      _____

Part III. Curriculum Content. As a part of the preceptoring experience, classroom instruction is presented for preceptees. To help establish curriculum priorities, please rank the following topics according to your opinion of their importance. Please give a one to your highest priority and a twelve to your lowest priority.

1. _____ Leadership skills
2. _____ Stress management
3. _____ Ethical dilemmas
4. _____ Organization skills
5. _____ Prioritizing
6. _____ I.V. Therapy skills
7. _____ Assessment skills
8. _____ Documentation
9. _____ Clinical decision making
10. _____ Assertiveness
11. _____ Patient education techniques
12. _____ Communication skills
13. Topics not included that you feel new graduates would benefit from: _____

    _____

Part IV. Topics to be Included in the Program Guidelines
Of the topics listed below that might be included in the preceptorship program guidelines, please indicate those you feel should be included.

	TOPIC	YES	NO
1.	Program goals	____	____
2.	Program objectives	____	____
3.	Role descriptions	____	____
4.	Curriculum	____	____
5.	Choosing preceptors	____	____
6.	Preceptor preparation	____	____
7.	Legal implications and requirements	____	____
8.	Program evaluation	____	____
9.	Forms used	____	____
10.	Fiscal considerations	____	____

11. Please indicate any topics not listed that you feel would be of benefit_____

_____

Thank you very much for assisting us in this project. If you would like the results of this survey and the resulting guidelines, please fill in the spaces below.

NAME:_____

ADDRESS:_____
Institution

_____
Street

_____
City State Zip

MT. SAN ANTONIO COLLEGE
COMMUNITY COLLEGE DISTRICT
1100 NORTH GRAND AVENUE • WALNUT, CALIFORNIA 91789
Telephone: 714/594-5611

October 15, 1984

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Sue Lohr

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Program Coordinator

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1. Do you currently have a preceptorship program as part of your new employee orientation program?

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   b. No

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   b. Are you happy with the results of the program?

      Yes No

3. If your answer to question number 1 was "no,"

   a. Do you plan on initiating a preceptorship model?

      Yes No

   b. What orientation model do you use? _____

      _____

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7.	Legal implications and requirements	____	____
8.	Program evaluation	____	____
9.	Forms used	____	____
10.	Fiscal considerations	____	____

11. Please indicate any topics not listed that you feel would be of benefit_____

_____

Thank you very much for assisting us in this project. If you would like the results of this survey and the resulting guidelines, please fill in the spaces below.

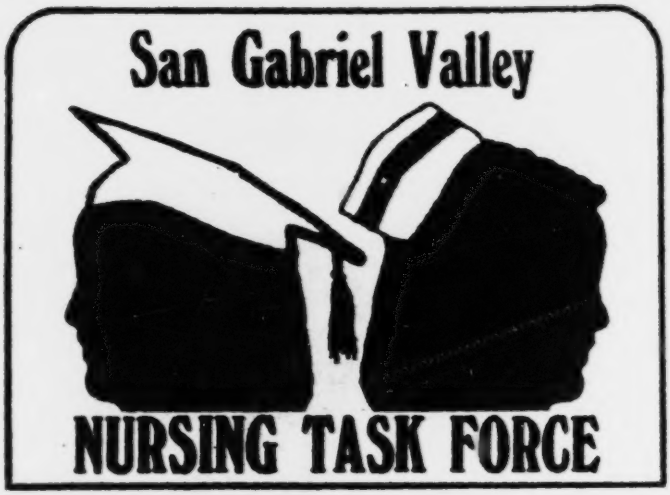
NAME:_____

ADDRESS:_____
Institution

_____
Street

_____
City State Zip

Preceptorship in Nursing Program



San Gabriel Valley Nursing Task Force
and
Mt. San Antonio College

GUIDELINES FOR THE PRECEPTORSHIP
IN
NURSING PROGRAM

Prepared By

Sue Lohr, R.N., M.A.
Mt. San Antonio College

March, 1985

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INTRODUCTION

Overview of the Program

The guidelines have been developed to introduce you to the San Gabriel Valley Nursing Task Force and the Preceptorship in Nursing Program. It is the goal of the Task Force and Mt. San Antonio College to share all information and materials with those interested in assisting new ADN and BSN graduates in their role transition from student to professional nursing practitioner.

In recent years, new nursing graduates from ADN and BSN programs have had difficulty in their role transition from student to professional (Wandelt 1981). This difficulty in adjustment causes discouragement, disillusionment, and discontent on the part of new nurses. The syndrome of discouragement has been termed "reality shock" (Kramer 1974) and results in one-third of new nurses leaving nursing every year (Kramer 1971).

In the 1950s, nursing began to move away from the hospital setting and onto the college campus. With this change came fewer clinical hours for students and less contact with role models. This change has resulted in new nursing graduates being less prepared for the work world (Vareb 1981).

It has been documented in the literature that new graduates having a period of role transition in a preceptorship or internship program make a smoother role transition (Kramer 1978). These new nurses, having experienced such a program, stay in their first jobs longer, are more satisfied with nursing, and have more respect for their co-workers (Kramer 1978).

The San Gabriel Valley Nursing Task Force and Mt. San Antonio College have developed a post-graduate preceptorship program for new nursing graduates. The Task Force is composed of nursing administrators and nursing educators representing five major hospitals and three schools of nursing in the San Gabriel Valley of the greater Los Angeles area. Please see list of members of the Task Force.

The Preceptorship in Nursing Program is 320 hours in length and is primarily a clinical experience in which a new nurse or re-entry nurse works one-to-one with an experienced nurse preceptor in the hospital setting. Classes also accompany the clinical experience and are discussed under curriculum. The program has been very successful in assisting these nurses in their role transition.

If you have questions or would like more information after reading

these guidelines please write or call:

Sue Lohr, R.N., M.A., Program Coordinator
Community Services
Mt. San Antonio College
1100 N. Grand Ave.
Walnut, CA 91789
(714) 594-5611 Ext. 220

Members of the San Gabriel Valley Nursing Task Force:

Gloria Reed, Director of Nursing
St. Luke Hospital, Pasadena

Darlene Werner, Nursing Administrator
Methodist Hospital of So. California - Arcadia

Anita Beaman, Education Director
Community Hospital of San Gabriel

Judy Kaplan, Education Director
Queen of the Valley Hospital, West Covina

Barbara Larigee, Director of Nursing Services
Intercommunity Medical Center, Covina

Barbara Hutchinson, Nursing Coordinator
Mt. San Antonio College

Aja Lesh, Professor
Azusa Pacific University

Kris DeQuerioz, Chairperson, Nursing Department
Pasadena City College

Program Goals and Objectives

The major goal of the preceptorship in nursing is to assist new nursing graduates in their role transition, thus decreasing nursing attrition and improving the quality of health care in the community.

Following this 320 hour program, the preceptee will:

1. List the goals of the Preceptorship Program.
2. Identify the role of the preceptee, preceptor, program coordinaotr, and Task Force.
3. Assume the leadership role required to perform as a professional nurse practitioner.

4. Organize assignment and patient care realistically.
5. Set priorities in patient care effectively.
6. Acquire skills in intravenous therapy.
7. Gain skills in clinical decision making.
8. Communicate effectively within the clinical setting.
9. Document patients charts effectively and legally.
10. Discuss ethical dilemmas
11. Improve clinical skills as identified on the "Skills Inventory".

Role of the Preceptee

1. Utilizing the "Skills Inventory" identifies areas of competence and sets objectives to gain competence in new skills. Developes daily and weekly plans with the preceptor to meet these objectives.

2. Works under the direct supervision of the nurse preceptor and is able to use other persons in the setting appropriately for supervising/ consultation, i.e., head nurse, R.N.'s supervisor, Nursing Education Instructors.

3. Completes an evaluation of the orientation program and shares the evaluation with the preceptor for feedback.

4. Achieves the objectives of the program at a satisfactory level and within the specified time frame. Evaluation of performance will be determined by the preceptor, preceptee, and program coordinator.

5. Attends classes scheduled by the program coordinator four hours per week.

6. Completes job satisfaction and retention tool three and six months after completion.

Role of the Preceptor

1. Attends preceptor preparation workshop.

2. Reviews preceptee's objectives weekly and guides learning through selection of increasingly complex duties in order to meet orientation objectives.

3. Gives the preceptee daily feedback.

4. Makes the preceptee's daily assignment and confers with the program coordinator regarding complexity of tasks assigned as needed.

5. Confers with program coordinator weekly to evaluate program and preceptee.

6. Supervises and teaches preceptee in the clinical area.

7. Evaluates the preceptee in writing at designated intervals.

8. Participates in seminars scheduled by the program coordinator.

9. Attends scheduled feedback sessions after the preceptor experience and participates in giving an evaluation of the experience.

10. Utilizes the program coordinator for consultation as needed or desired.

Role of the Program Coordinator

1. Arrange admission and registration of preceptees.

2. Coordinate program within the guidelines of Mt. San Antonio College and the Adult Education program.

3. Plans and implements the preceptor preparation workshop.

4. Teaches and arranges guest speakers for preceptee classes.

5. Assist the preceptor by:

    a. Informing all involved of program goals.
    b. Meeting with her/him on a weekly basis to communicate needs and/or preceptee progress.
    c. Being available for telephone consultation.
    d. Assisting with preceptee evaluation process.
    e. Being a resource and support person.
    f. Guiding the preceptor in his/her role.

Role of the Preceptorship Task Force

1. Meet regularly to evaluate program goals and progress.

2. Evaluate new employees completing the program for program effectiveness.

3. Give guidance to Program Coordinator concerning nursing service needs and educational changes.

4. Communicate with preceptees within hospital facilities and assist with socialization process.

5. Be available by telephone for consultation.

6. Advise program coordinator of available space or numbers of preceptees that may be placed.

7. Refer employment applicants to Program Coordinator as need becomes aware

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PRECEPTORS

Choosing of Preceptors

Preceptors were chosen by the nursing service and nursing education departments of the participating hospitals. The criteria used in making choices included:

1. Demonstrated excellence in nursing practice and leadership.
2. A minimum of four years experience as a registered nurse. This requirement was due to credentialing requirements.
3. Sincere interest on the part of the preceptor to assis a new colleague.

All preceptors are credentialed by the state of California as Adult Education instructors. Credentialing fees were paid by their sponsoring hospital. As this program is taught under adult education guidelines, credentialing is required of all instructors.

Preceptor Preparation

As preceptors were chosen because of clinical excellence and not for their experience or expertise in teaching, it was felt that a background in basic teaching techniques was necessary.

All preceptors were mailed a home study course prior to the first workshop as background information in preparation for the workshop Six hours of continuing education credit was awarded for completion of the home study and return of the post-test. The home study served to orient the preceptor to the concept or preceptoring and introduced teaching-learning theory.

The first workshop was taught three weeks prior to the beginning of the program. Hospitals sponsored preceptors for the registration fee and six hours of continuing education credit was awarded for the completion of the workshop. The workshop has been very successful in not only orienting preceptors to their role but in establishing a support group.

The objectives of the first workshop and content are included in the following pages.

PRECEPTOR PREPARATION WORKSHOP

What is a preceptor? A preceptor is a professional nurse practitioner who has proven herself clinically competent and possesses attitudes and behaviors consistent with educational goals and needs of new and re-entry nurses, - namely you! You have been chosen by your hospital to assist new colleagues in this time of role transition and professional growth.

We hope this manual will provide you with some additional information, reinforce the workshop presentation, and assist you in your growth as a Nurse Preceptor.

OBJECTIVES OF THE WORKSHOP: Following this seven hour workshop, the preceptor will be able to:

1. List the goals of the Preceptorship Program.
2. Define the role of the preceptor.
3. Define the role of the preceptee.
4. Define the role of the Program Coordinator.
5. Identify the role of the Preceptorship Task Force.
6. Discuss teaching/learning theories.
7. Identify overt and convert communication techniques.
8. Write clinical objectives.
9. Prepare preceptee evaluation.

WORKSHOP CONTENT:

Hour I. Introduction and Overview of the Workshop Program Goals:

Hour II. Role Identification:

- A. The preceptor
- B. The preceptee
- C. The Program Coordinator
- D. The Preceptor Task Force and support staff

Hour III. The Learning Process:

- A. Principles of learning:
  1. Readiness
  2. Maturation
  3. Motivation
- B. Characteristics of the learning process:
  1. Use of the senses
  2. Learning as a total process
  3. Participation
- C. Individual differences:
  1. Maturational level
  2. Intelligence
  3. Planning for individual differences

Hour IV. Communication Skills

A. What is communication?
B. Verbal communication techniques
C. Non verbal communication techniques

Hour V. Preparing Clinical Objectives:

A. Elements of an instructional objective
B. Small group activity
C. Small group presentations and discussion

Hour VI. Clinical Performance Evaluation:

A. Principle difficulties with performance evaluations
B. Considerations of performance evaluations
C. Task analysis
D. Evaluation process

Hour VII. Program Evaluation

A. Questions
B. Summary and conclusion

Preceptor Rewards

Because preceptors are not paid for the extra time, etc., involved in being a preceptor it is very important that they are rewarded in other ways. The following considerations have been given for the preceptoring experience:

1. The employing hospital has made sure to let preceptors know they have been chosen because they are excellent and a credit to the institution and nursing.

2. They may earn up to eighteen hours of continuing education units at no charge by completing the home study course and attending the workshops.

3. A certificate of appreciation is awarded at the completion of the assignment.

4. They may add the teaching experience and Mt. San Antonio College to their resume'.

5. They receive a lifetime teaching credential from the state of California.

6. The biggest reward, by far, is watching their preceptee grow and advance in her professional role.

Mt. San Antonio College

San Gabriel Valley Nursing Task Force

San Gabriel Valley

Mt. San Antonio College

Recogni

for Outstanding Service to Nursing
and the Community by Serving as a
Preceptor for the Preceptorship in Nursing Program

Certificate of Appreciation

MT. SAN ANTONIO COLLEGE · 19 · CALIFORNIA · 48 ·

Sue Lohr, Program Director

Date

20/preceptor

12

60

C1

PRECEPTEES

Recruiting Preceptees

Preceptees are recruited from local nursing schools as well as the entire Los Angeles area. Newspaper articles, pamphlets, hospital personnel department referrals, and speaking engagements by the program coordinator have been some of the ways in which the information has been dispersed. As the program is now in its third session, word of mouth and referrals from prior preceptees have been the best recruitment source.

Preceptee Requirements

The program was initially limited to new registered nursing graduates possessing a license as an R.N. or interim permit. In the second session this policy was expanded to include re-entry nurses and has proved valuable as a refresher course. Whether a new graduate or re-entry nurse, the preceptee still must have a current active license to practice registered nursing. There is no fee for this program as it is taught under the guidelines of adult education. However, preceptees must provide their own malpractice insurance and show proof of that current policy at the first orientation meeting. A choice of policies is offered to those preceptees who do not have current information on malpractice insurance.

Preceptees are also required to purchase a program name pin and notebook. The total for these items is approximately ten dollars. White uniforms of the preceptees choice are also required.

While there is no rigid absence policy, preceptees are encouraged to be conscientious concerning absences. As one of the goals of the program is to promote employment, prospective employers will look carefully at attendance.

Preceptees are allowed to request the hospital in which they would like to preceptor and clinical assignments are made on a first come first serve basis.

Preceptee Orientation

The first morning of the program, preceptees gather at Mt. San Antonio College. This is a time of sharing, getting aquainted and discussing policies and procedures of the program. The areas discussed include:

1. How the program came about.
2. Background information on reality shock, its cause and prevention.
3. Adult learning responsibilities and theory.
4. Administration of the instrument "Do You Have Control of Your Life".

5. Use of the "Skills Inventory" in assessing learning needs. This tool is shared with the preceptor at their first meeting to assist in planning a learning program.
6. Schedule of classes is discussed and a calendar given to each preceptee.
7. Name pins are ordered.
8. Notebook inserts are given to each preceptee.
9. Each preceptee is given background information on their assigned hospital, nursing unit, and preceptor.
10. Work schedules must be turned into the program coordinator to facilitate her clinical visits.

After this three hour orientation, preceptees go to their clinical assignments and begin orientation to the facility. Each facility has arranged this orientation in a different manner but all have been effective in helping preceptees get off to a good start. Intravenous therapy is taught early in this orientation time to allow preceptees as much time for assistance and practice as possible. All preceptees must pass the hospitals pharmacology tests and medication tests. Then they meet their preceptors for the first time. This can be a somewhat stressful and awkward time for both preceptee and preceptor. Having the "Skills Evaluation" as a starting point of discussion has been very helpful. Preceptors and preceptees then discuss work schedules, unit procedures, and write objectives for the first weeks learning experience.

The program coordinator makes clinical visits to each team of preceptee and preceptor each week to facilitate communication, assess progress, take attendance, and generally discuss any concerns either may have.

Preceptee Evaluation

Preceptees are evaluated at four weeks and at the end of the program. The written evaluation form is completed by the Preceptee and preceptor together and an evaluation conference is held with the program coordinator. The evaluation has been effective in determining areas the preceptee might still need to work on. The evaluation conference is held in a mutual atmosphere of trust and concern. As there is no pass/fail or grades given in this program, it is non-threatening and very helpful. Preceptees, preceptors, and the program coordinator all have copies of the NCR evaluation form.

Completed evaluation forms are kept on file by the program coordinator and former preceptees may use this experience,and the program coordinator,as a reference when applying for employment if desired.

At the completion of the program, preceptees are given a certificate of completion of the program. They may present this to prospective employers when applying for a position. Preceptees completing the program are given priority in hiring by the participating hospitals and have been given priority

by many other hospitals not participating in the pilot project. Job placement has been very successful. Preceptees have been employed who were interested in employment. Follow-up surveys have not been completed as the program is still very new, but they are planned. More information concerning employment, retention, and role transition will be obtained at that time.

SAN GABRIEL VALLEY NURSING TASK FORCE

PRECEPTORSHIP PROGRAM IN NURSING

Application for Admission

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
STREET CITY ZIP

PHONE NUMBER: _____ BIRTHDATE: _____

SOCIAL SECURITY NUMBER: _____

NURSING PROGRAM GRADUATED FROM: _____

DATE OF GRADUATION: _____ DEGREE HELD: _____

REFERRED BY: _____

WHY WOULD YOU LIKE TO BE ADMITTED TO THE PRECEPTORSHIP IN NURSING PROGRAM?

_____

_____

_____

_____

_____

HOSPITAL REQUESTED: _____

I WOULD LIKE TO BE A _____ FULL TIME _____ PART TIME PRECEPTEE. (Check one)

I UNDERSTAND THAT I MUST SHOW PROOF OF CURRENT MALPRACTICE INSURANCE BEFORE I CAN BE ADMITTED TO THE PRECEPTORSHIP IN NURSING PROGRAM.

Signature: _____ Date: _____

Malpractice Insurance verified: Date _____ By _____

Hospital Assigned To: _____

REGISTRATION FORM

PRECEPTORSHIP IN NURSING PROGRAM

NAME: _____ BIRTHDATE: _____ SOC.SEC.NO. _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: Day _____ Evening _____

COURSE NUMBER: _____ FULL TIME PRECEPTEE 7546- 02

_____ PART TIME PRECEPTEE 7546- 03

LOCATION: M.S.A.C. Building 4, Room 205

DATE: July 16, 1984 TIME: To be arranged

FEE: NONE

CC

MT. SAN ANTONIO COLLEGE
COMMUNITY COLLEGE DISTRICT
1100 NORTH GRAND AVENUE • WALNUT, CALIFORNIA 91789
Telephone: 714/594-5611

January 9, 1985

Dear Preceptee:

Welcome to the San Gabriel Valley Nursing Task Force Preceptorship Program in Nursing! We hope this will be a very meaningful time of professional growth for you and will assist you in your role transition to professional nursing practice.

There will be an orientation session for the program on Monday, February 11, from 9:00 am to 12:00 noon. We will meet in Building 4, Room 205. I have enclosed a parking permit for the morning and a map of the campus. Please do not park in metered stalls or you will be cited. I have marked the area in which you may park. Please display the parking permit as requested. The orientation session will be very important to your understanding of the program. Please plan to attend.

Don't forget, you must provide your own malpractice insurance. Send in your application right away if you have not already done so.

Notebooks and name pins are required for the program. Notebooks are available in the Sac Book Rac for $5.86 including tax. When you have purchased your notebook I will give you the insertions.

Name pins will be purchased from Rita's Uniforms. You will need to give me a check, or exact change, for $5.06, and I will order your name pin. You may give this order to me at orientation.

If you have made other plans and do not plan on participating in the Preceptorship Program, please let me know immediately as there is a waiting list of students anxious to participate. If I am not available, please leave a message with the office staff.

I have done my best to honor your requests for specific hospitals. Unfortunately, this was not possible in all cases. I sincerely hope the assignments will be acceptable to everyone. Your hospital assignment is _____.

I am looking forward to meeting you and sharing this exciting professional experience with you. If you have any questions, or if I can be of assistance, please feel free to contact me at (714) 594-5611 Ext. 220.

Sincerely,

Sue Lohr, R.N., B.S.N., M.A.
Program Coordinator

G?

PRECEPTORSHIP IN NURSING PROGRAM

SKILLS EVALUATION

The "Skills Evaluation" is designed to assist you in evaluating your competancy in specific nursing skills. Share your assessment with your preceptor on the first clinical day so you may both develop objectives that will increase your proficiency in the areas you have identified as areas of need.

	Need For Basic Instruction	Need To Observe Procedure	Need For Practice With Supervision	Can Safely Perform With Direct Supervision	Can Safely Perform Without Direct Superv
Ambulation of patients	1	2	3	4	5
Applications, Cold	1	2	3	4	5
Applications, Dry Hot	1	2	3	4	5
Applications, Wet Hot	1	2	3	4	5
Asepsis Isolation Technique	1	2	3	4	5
Assessing Patient Needs	1	2	3	4	5
Bath and Personal Hygiene	1	2	3	4	5
Bed Positioning	1	2	3	4	5
Binders and Other Aids	1	2	3	4	5
Cardiopulmonary Resuscitation	1	2	3	4	5
Daily Catheter Care	1	2	3	4	5
Colostomy Irrigations	1	2	3	4	5
Diabetic Urine	1	2	3	4	5
Dying Patient, Emotional Support of	1	2	3	4	5
Enemas	1	2	3	4	5
Ostomy Appliances	1	2	3	4	5
Oxygen Therapy	1	2	3	4	5

C8

	Need For Basic Instruction	Need To Observe Procedure	Need For Practice With Supervision	Can Safely Perform With Direct Supervision	Can Safely Perform Without Direct Superv.
Pre-Operative Care	1	2	3	4	5
Post-Operative Care	1	2	3	4	5
Range of Motion Exercises	1	2	3	4	5
Restraints	1	2	3	4	5
Specimen Collection, 24 hr.urine	1	2	3	4	5
Specimen, Single (Clean catch) Urine	1	2	3	4	5
Specimen, Sterile urine	1	2	3	4	5
Specimen Collection, sputum	1	2	3	4	5
Specimen Collection, stool	1	2	3	4	5
Specimen Collection, Throat Culture	1	2	3	4	5
Tube Feedings	1	2	3	4	5
Vital Signs	1	2	3	4	5
Aseptic Technique for Sterile Procedure	1	2	3	4	5
Assigning Work to Team Members	1	2	3	4	5
Biopsy, Assisting with	1	2	3	4	5
Catheterization Female	1	2	3	4	5
Catheterization Male	1	2	3	4	5
Charting, General Principles and Legal Implications	1	2	3	4	5
Developing a Care Plan	1	2	3	4	5
Directing a Patient Care Conference	1	2	3	4	5
Dressings, Sterile	1	2	3	4	5
Dressings, Using Karaya Seal	1	2	3	4	5
Evaluating Nursing Care given	1	2	3	4	5
Indwelling Tube Irrigations (Catheters, Levines, etc.)	1	2	3	4	5
I.V. Fluids, Observing and D/C	1	2	3	4	5
Lumbar Puncture, Assisting with	1	2	3	4	5

	Need For Basic Instruction	Need To Observe Procedure	Need For Practice With Supervision	Can Safely Perform With Direct Supervision	Can Safely Perform Without Direct Superv.
Medications, Principles of Safe Administration	1	2	3	4	5
Paracentesis, Assiting with	1	2	3	4	5
Chest Suctions	1	2	3	4	5
Pelvic Exam, Assisting with	1	2	3	4	5
Pap Test, Assisting with	1	2	3	4	5
Suction, Nasopharyngeal	1	2	3	4	5
Suction Gastric	1	2	3	4	5
Teaching Patients	1	2	3	4	5
Thoracentesis, Assisting with	1	2	3	4	5
Tracheostomy Care	1	2	3	4	5
Transfusions, Assisting with	1	2	3	4	5
Transcription of Orders, Principles & Legal Implications	1	2	3	4	5
Wound Irrigations	1	2	3	4	5
Intravenous Drugs	1	2	3	4	5
Intravenous Therapy, Starting	1	2	3	4	5
I.V. Fluids, Maintenance	1	2	3	4	5
I.V. Infusion Pumps	1	2	3	4	5
Nasogastric Tube, Inserting	1	2	3	4	5
Patient Assessment Physical	1	2	3	4	5
Patient Assessment Psychological	1	2	3	4	5
Suction, Endotracheal	1	2	3	4	5
Supervising Others in Giving Care	1	2	3	4	5
Teaching Team Members	1	2	3	4	5

SAN GABRIEL VALLEY NURSING TASK FORCE

Preceptorship in Nursing Program

PRECEPTEE EVALUATION

Preceptee Name_____

Preceptor Name_____

Program Coordinator_____ Preceptorship Dates: From_____ To_____

Please rate objective with a ✓ rating. Code: S - Satisfactory
N - Needs Improvement
U - Unsatisfactory

	3 Weeks			6 Weeks			9 Weeks			12 Weeks		
	S	N	U	S	N	U	S	N	U	S	N	U
A. Patient Care												
1. Initiates patient care without direction from Preceptor.												
2. Anticipates needs of patient and staff and plans accordingly.												
3. Provides for safety and comfort of patient.												
4. Safely administers medications and IV's to a group of patients within a reasonable time frame. (Safely = accurate math skills, knowledge of patient, medication, and nursing action.)												
B. Application of Nursing Process												
1. Demonstrates use of assessment skills and tools for gathering data.												
2. Formulates plan of action												
a. Consults with other appropriate members of the health team.												
b. Initiates and updates nursing care plans for each patient.												
3. Intervenes to meet needs of patients												
a. Transcribes medical orders from chart to Kardex or medication cards efficiently and accurately.												

	3 Weeks			6 Weeks			9 Weeks			12 Weeks		
	S	N	U	S	N	U	S	N	U	S	N	U
4. Evaluation a. Evaluates patient progress as a result of nursing intervention and makes appropriate changes in patient care.	—	—	—	—	—	—	—	—	—	—	—	—
C. Demonstrates effective leadership. Ability to function as Team Leader or Primary Nurse.												
1. Familiarizes self with job description.	—	—	—	—	—	—	—	—	—	—	—	—
2. Makes patient assignments according to ability of staff members and patient's needs.	—	—	—	—	—	—	—	—	—	—	—	—
3. Establishes priorities for patient care needs.	—	—	—	—	—	—	—	—	—	—	—	—
4. Delegates responsibilities to appropriate staff members.	—	—	—	—	—	—	—	—	—	—	—	—
5. Accepts responsibility for and accountability for own actions.	—	—	—	—	—	—	—	—	—	—	—	—
6. Adapts priorities for changing of situations.	—	—	—	—	—	—	—	—	—	—	—	—
7. Demonstrates problem solving abilities.	—	—	—	—	—	—	—	—	—	—	—	—
8. Checks to see that lab procedures and other tests are done; initiates action if necessary	—	—	—	—	—	—	—	—	—	—	—	—
9. Evaluates care given by other staff members according to their job descriptions. Formulates suggestions for improvement and discusses with nurse Preceptor.	—	—	—	—	—	—	—	—	—	—	—	—
10. Gives an accurate, concise, complete report to staff members and to on-coming shift.	—	—	—	—	—	—	—	—	—	—	—	—
11. Charts accurately and completely for a group of patients.	—	—	—	—	—	—	—	—	—	—	—	—
12. Completes assignments in the frame-work of assigned shift.	—	—	—	—	—	—	—	—	—	—	—	—
13. Plans and directs team conference in which (s)he functions as a group facilitator.	—	—	—	—	—	—	—	—	—	—	—	—

	3 Weeks			6 Weeks			9 Weeks			12 Weeks		
	S	N	U	S	N	U	S	N	U	S	N	U
D. Participates in discharge planning (patient/ family teaching;referrals)	—	—	—	—	—	—	—	—	—	—	—	—
E. Identifies personal strengths and weaknesses.												
1. Recognizes own limitations and seeks assistance when necessary.	—	—	—	—	—	—	—	—	—	—	—	—
2. Selects work assignment daily which enables preceptee to meet weekly written objectives. (Shared with preceptor).	—	—	—	—	—	—	—	—	—	—	—	—
3. Utilizes available resources to assist with development of nursing and leadership skills.	—	—	—	—	—	—	—	—	—	—	—	—
4. Uses constructive criticism as a means of growth.	—	—	—	—	—	—	—	—	—	—	—	—
F. Professional Criteria												
1. Follows the outlined nursing service procedures and hospital policies in attaining hospital and nursing service philosophies and goals	—	—	—	—	—	—	—	—	—	—	—	—
2. Demonstrates respect for opinions of others.	—	—	—	—	—	—	—	—	—	—	—	—
3. Demonstrates integrity by respecting rights of privacy of patients and others.	—	—	—	—	—	—	—	—	—	—	—	—
4. Interacts appropriately with staff in a pleasant, congenial way.	—	—	—	—	—	—	—	—	—	—	—	—
5. Uses appropriate channels of communication and lines of authority on the assigned unit.	—	—	—	—	—	—	—	—	—	—	—	—
6. Maintains a well-groomed appearance, meets standards of hospital/dress code and health requirements.	—	—	—	—	—	—	—	—	—	—	—	—
7. Consistently reports on time (shift reports, meetings.)	—	—	—	—	—	—	—	—	—	—	—	—

Mt. San Antonio College

San Gabriel Valley Nursing Task Force

in Cooperation with

San Gabriel Valley

Mt. San Antonio College

Certifies that

Has successfully completed the preceptorship

NURSING TASK FORCE

Certificate of Completion

Date of Completion

Sue Lohr, Program Coordinator

27

20/preceptor

CURRICULUM

Planning the Curriculum

The planning of the curriculum and selection of topics was based on several points of reference. These include the following:

1. Identification by the Task Force of clinical weaknesses observed in new nursing graduates. These items were prioritized using the nominal group process.

2. Findings in the literature. Results of research conducted in the areas of new graduate role transition, reality shock, and nursing attrition.

3. Results of a survey questionnaire mailed to fifty hospitals and twenty five schools of nursing asking respondents to rank by priority areas in which they felt new graduates needed instruction to facilitate and ease their role transition.

The Curriculum at Present

The current curriculum is a composite of the above process. It has been revised twice already and, Iam sure, will be revised many times in the future as needs change and new concerns become apparent.

Topic:

1. Communicating Effectively and Assertiveness
    a. What is communication?
    b. Verbal and non-verbal communication
    c. Communication in the hospital setting
    d. Assertiveness in the professional environment

2. The ABCs of DRGs
    a. The DRG system and what it means to nursing
    b. Cost containment

3. Effective Documentation
    a. Review of assessment
    b. Problem oriented charting
    c. Narrative charting
    d. Interdisciplinary progress notes
    e. Legal aspects of charting

4. Organizing and Prioritizing

a. Organizing your assignment
b. Team organization
c. Adjusting to changes in your assignment
d. Delegating
e. Role playing activity

5. Clinical Decision Making
   a. Influences in making clinical decisions
   b. Group activity
   c. Role playing

6. Ethical Dilemmas
   a. Lecture presentation and film
   b. Discussion
   c. Small group activity

7. Leadership and Management
   a. Lecture presentation
   b. Identifying your leadership style
   c. Small group activity
   d. Individual projects

8. Program Evaluation
   a. Program evaluation tool administered by the program coordinator.

A current calendar given to preceptees is included so you may see how classes are sequenced and structured. Classes are taught by the nursing education instructors of the participating hospitals. During the first preceptorship program, classes were taught four hours per week every week. This was found to be unrealistic considering travel time, getting off duty, etc. Classes are now structured one day per week for eight hours beginning the fourth and continuing through the eighth week of the program. This has been far more successful in time management.

PRECEPTORSHIP IN NURSING PROGRAM

Calendar

Program Dates: February 11 through May 15, 1985

WEEK 1	Feb. 11	Monday	Orientation	M.S.A.C. Bldg. 4, Room 205 9:00am to 12:00noon
	Feb. 12	Tuesday	Hospital Orient.	Assigned hospital
	Feb. 13	Wednesday	Hospital Orient.	Assigned hospital
	Feb. 14	Thursday	Hospital Orient.	Assigned hospital
	Feb. 15	Friday	Hospital Orient.	Assigned hospital
WEEK 2.	Feb. 18		Hospital	
WEEK 3	Feb. 25		Hospital	
WEEK 4	Mar. 4		Hospital	
WEEK 5	March 11			
	March 13	Wednesday	CLASS	Queen of the Valley Hospital 1115 S. Sunset
	9:00am to 4:00pm		"Assertiveness" "ABC's of DRG's"	West Covina (818)962-4011 Oakwood Room
WEEK 6	March 18			
	March 20	Wednesday	CLASS	Methodist Hospital of Arcadia 300 W. Huntington Dr.
	8:00am to 4:00pm		"Effective Documentation" "Organizing and Prioritizing"	Arcadia (818)445-4441
WEEK 7	March 25			
	March 27	Wednesday	CLASS	Intercommunity Medical Center 303 N. 3rd Ave.
	8:00am to 4:00pm		"Decision Making" "Ethical Dilemmas"	Covina (818) 331-7311

WEEK 8 April 1

April 3	Wednesday	CLASS	Community Hospital of S. Gab 218 S. Santa Anita Ave.
8:00am to 4:00pm		"Leadership" "Program Evaluation"	San Gabriel (818)289-5454

END OF PROGRAM FOR FULL TIME PRECEPTEES - APRIL 5

WEEK 9 April 8 through May 15

through Hospital

WEEK 13½

END OF PROGRAM FOR PART TIME PRECEPTEES - MAY 15

LEGAL IMPLICATIONS

Student-Preceptor Liability

The question of legal liability was raised early in the planning phase of the preceptorship program. Legal council was sought with the following recommendations: Students be required to show proof of malpractice insurance. Because all preceptees are licensed or interim permitees, they are legally responsible for their own actions. Preceptors are not responsible for errors made by preceptees unless they were instrumental in that error or involved with it. Preceptees are not covered under the institutional malpractice policy as they are not employees of the hospital. The application for the policy given to preceptees on request is included. The least acceptable coverage is the "Bronze" plan which is $500,000 each medical incident/$1,000,000 annual aggregate at the cost of $38.00 per year. This is R.N. coverage and in effect for a full year, not just for the duration of the preceptorship.

Inter-Institutional Liability

Mt. San Antonio College has established contracts with hospitals in which students in the ADN and LVN programs carry out their clinical experience. Similar contracts were developed for the Preceptorship in Nursing Program. A sample of this agreement is included. The agreement is in effect until revoked in writing by either party.

NURSE'S PROFESSIONAL LIABILITY INSURANCE APPLICATION

Simply check the level of protection you feel will provide you with proper coverage.

☐ Yes, I need Professional Liability Insurance. Please provide me with the Gold Level protection of $1,000,000 each medical incident/ $2,000,000 annual aggregate at the low annual premium of $48.* X-Ray Technicians/Technologist only $163.

☐ Yes, I need Professional Liability Insurance. I feel I can be properly protected with the Silver Level protection of $1,000,000 each medical incident/$1,000,000 annual aggregate at the reduced annual premium of $44.* X-Ray Technicians/Technologist only $143.

☐ Yes, I need Professional Liability Insurance, but my personal situation warrants the Bronze Level of protection, $500,000 each medical incident/$1,000,000 annual aggregate at the low annual premium of only $38.* X-Ray Technicians/Technologist only $122.

☐ Student Nurses limit $25,000/$75,000 at $15. Limited to Professional Liability only.

Name _____
FIRST MIDDLE LAST

Address _____ (Apt. No.) _____

City _____ State _____ Zip _____

Telephone Number (____) _____ Date of Birth _____

I am an ☐ RN, ☐ LPN/LVN, ☐ Student, ☐ X-Ray Technician/Technologist Other: _____

Name of Groups or Associations of which you are a member _____

_____

Have you ever had a claim made against you or been refused liability insurance or had a policy cancelled? ☐ No ☐ Yes
(If yes, please explain.)

_____

_____

I understand that I cannot be covered by this policy if I own or have a financial interest in a nursing or convalescent home, or if I am a professional midwife, nurse anesthetist, or x-ray therapist. I also understand that no coverage is effective until the date of acceptance of my application by the Company and that all the information on this application is correct and complete to the best of my ability.

_____ _____
SIGNATURE DATE

PAYMENT INFORMATION

☐ Enclosed is my check in the amount of ☐ $48 ☐ $44 ☐ $38
X-Ray Technicians/Technologist only ☐ $163 ☐ $143 ☐ $122 made payable to Markel Service, Inc.

☐ Please accept my application and bill me for my annual premium of ☐ $48 ☐ $44 ☐ $38
X-Ray Technicians/Technologist only ☐ $163 ☐ $143 ☐ $122

☐ Please charge to my:

VISA ☐ MASTERCARD ☐ EXPIRATION DATE ☐☐ (Month) ☐☐ (Year) ACCOUNT NO. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

_____ _____
SIGNATURE DATE

NOTE: This coverage is not available in Alaska, Hawaii, or Wyoming. In Connecticut, Maine, Michigan and Oklahoma, only the Professional Liability may be written in accordance with State Bureau of Insurance Regulations.

*Indiana residents may add 25% as required to participate in your Health Care Fund

35

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime."

MARKEL SERVICE, INC. / 5310 MARKEL ROAD / RICHMOND, VIRGINIA 23230
1-800-446-6678 or 1-800-552-3408 (in Virginia)

Underwritten by National Casualty

B

A G R E E M E N T

This is an agreement between Mt. San Antonio Community College District (hereinafter referred to as College) and _____ Hospital (hereinafter referred to as _____).

WHEREAS, _____ operates a _____ hospital in _____, California;

WHEREAS, _____ is desirous of having their staff participate in the San Gabriel Valley Nursing Task Force Preceptorship Program in conjunction with Mt. San Antonio College;

WHEREAS, the College has expertise in providing instruction and supervision in the above area;

WHEREAS, _____ and the College are desirous of entering into a contract for instructional services pursuant to Education Code Section 87470;

The parties therefore agree as follows:

1) _____ shall provide preceptors for the program.

2) The preceptorship program shall be for the following periods:

Beginning July 16, 1984

3) _____ shall provide the facilities for the above program at no cost to the College.

4) The College shall provide temporary instructors for preceptors pursuant to Education Code Section 87470.

5) _____ shall pay the salary of the instructor for the preceptorship program.

6) The College shall provide temporary instructors only for the length of the program.

7) The College will provide a preceptorship coordinator for the length of the classes/program. The salary of the coordinator shall be paid by the College.

This agreement shall be in effect from July 16, 1984 to December 31, 1984 and year to year.

This agreement may be terminated at any time by either party upon thirty (30) days written notice.

_____ HOSPITAL

By_____

Date_____

MT. SAN ANTONIO COMMUNITY COLLEGE DISTRICT

By_____

Date_____

FISCAL CONSIDERATIONS

Costs to the Preceptee

Because this program is operated under Adult Education guidelines by the state of California and is reimbursable through average daily attendance, there is no fee charged students in the Preceptorship in Nursing Program. Students are required to purchase name pins and notebooks specifically for the program. The total cost of these two items in $10.65. White uniforms and other appropriate professional attire of the preceptees choice is also required. Students are not employees of the hospital and are therefore not paid for services rendered.

Costs to Participating Hospitals

Participating hospitals have incurred the following expenses:

1. Workshop fees for preceptors at $25.00 per participant.
2. Credentialing fees for preceptors at $47.50 per preceptor.
3. Nursing education instructors to teach eight hours of the curriculum. As classes are taught during instructors regular working hours, there is no additional salary paid for these classes.

Costs to Mt. San Antonio College

Mt. San Antonio College has agreed to provide the program coordinator for twenty hours per week to administrate the program. The college has also agreed to provide printing, mailing, and office supplies as needed. Registration of students, record keeping, etc. is also handled by the college.

Costs to Participating Schools of Nursing

The only costs to schools of nursing participating on the Task Force is mileage and time of participants.

PROGRAM EVALUATION

Evaluation of the Program by Preceptees

Evaluation is a very important part of every adult learning program. Because of the program evaluations conducted, many changes have already been made in the preceptorship program and, Iam sure, many more will come.

The first task in developing an evaluation tool was to decide what was to be evaluated. The following areas were decided upon:

Student opinion and evaluation of the program including:

a. overall concept
b. organization
c. curriculum
d. preceptors
e. program coordinator

The first five items of the evaluation tool addressed demographics of the student. The second twenty two item asked the preceptee to evaluate various aspects of the program with space for opinions and suggestions.

Student employment information:

a. employment position
b. field of nursing employed in
c. shift hired on
d. conditions under which employed - full-time, part-time, per diem, float pool, hourly

Five items addressed employment and conditions of employment including shift, nursing specialty, etc.

Satisfaction with nursing:

a. working conditions
b. professional considerations
c. professional preparation
d. compensation
e. emotional climate
f. supervision
g. social significance

One hundred twenty items asked preceptees to evaluate their satisfaction with nursing. This was difficult and some areas did not apply to preceptees with limited nursing experience but produced valuable information on follow-up questionnaires. The Nursing Satisfaction Questionnaire is a standardized, validated tool.

Do you have control of your life? questionnaire was given to preceptees at the orientation session. Preceptees were asked to repeat

the tool at the completion of the program and compare the results with the earlier results. This tool is repeated in the follow-up evaluation.

These evaluation questionnaires are reviewed for preceptee evaluations at the end of each program. These evaluations are discussed with each participating facility and the Task Force and program changes are considered.

Evaluation questionnaires are saved for future use. When an accumulation of one-hundred is reached, statistics will be compiled and follow-up questionnaires mailed to all former preceptees. We hope this will give us valuable information as to the success or influence of the program on role transition, nursing attrition, satisfaction with nursing, and personal growth.

PRECEPTORSHIP EVALUATION

Demographics

Name: _____

Address: _____
Street City Zip

Phone Number: _____
Day: Eve.

Sex
1. Male
2. Female

Marital Status
1. Married
2. Widowed
3. Separated
4. Divorced
5. Single

Race
1. Caucasion
2. Black
3. Spanish American
4. American Indian
5. Other: _____

Nursing Education
1. ADN
2. BSN
3. Diploma

Years of Nursing Experience
1. 0-1
2. 2-5
3. 6-10
4. over ten

EVALUATION OF THE PRECEPTORSHIP PROGRAM

Please indicate on the scale the extent to which the objectives of the program were met.

1. I understand the roles of those involved in the Preceptorship program.
   not at all / mod. completely
2. I feel the Preceptorship Program has prepared me for a leadership role.
   not at all / mod. completely
3. I now feel I can organize a patient care assignment.
   not at all / mod. completely
4. I now feel I can prioritize patient care.
   not at all / with help / independant
5. I now feel my I.V. skills are:
   poor / fair / good
6. I now feel my clinical decision making skills are:
   poor / fair / good
7. I now feel my skills and understanding of charting are:
   poor / fair / good
8. I now feel my concepts of ethical dilemmas are:
   poor / fair / good
9. I now feel comfortable concerning employment interviews and resume' writing.
   no / somewhat / yes
10. I now recognize and can manage my own stress.
    no / somewhat / yes
11. I feel my clinical skills have:
    not improved / improved / improved great
12. I feel my preceptor was:
    no help / helpful / very helpful
13. I feel the program coordinator was:
    no help / helpful / very helpful
14. My overall evaluation of the program is:
    poor / fair / good
15. Was the course:
    too short / just right / too long
16. What did you like most about the program?

17. What did you like least about the program?

18. What subjects would you like to see added to the curriculum?

19. What subjects would you like to see deleted from the curriculum?

20. In relationship to your nursing career, where do you expect to be five years from now?

21. What are your educational goals? (cirlce one)

a. remain at present level
b. Baccalaureate degree
c. Masters degree
d. Doctoral degree
e. Other _____

22. What nursing specialty do you plan to enter? (circle one)

a. Medical / Surgical
b. Intensive Care or Coronary Care
c. Emergency Department
d. Obstetrics
e. Pediatrics
f. Other _____
g. None

EMPLOYMENT INFORMATION

1. Have you found employment? YES NO

2. If you answer to question 1 is YES, how long did you look for a poaition?

   a. 0-2 weeks
   b. 3-6 weeks
   c. 7-9 weeks
   d. more than 9 weeks

3. Were you offered a position by the hospital in which you preceptored? YES NO

4. Do you condider yourself employed in:

   a. nursing
   b. health related field
   c. outside of nursing
   d. unemployed

If you are employed, please answer the following questions.

1. What position or title was assigned to your first employment?

   a. teamleader
   b. primary nurse
   c. head nurse
   c. other_____

2. How many weeks of orientation were you given?

   a. 0-1
   b. 2-4
   c. 5-7
   d. 8-10
   e. more than 10

3. What was your beginning salary?_____

4. What hospital shift were you hired for?

   a. 7-3
   b. 3-11
   c. 11-7

5. Were you hired as a _____employee?

   a. full time
   b. part time
   c. per diem
   d. hourly
   e. float

NURSING SATISFACTION QUESTIONAIRE (NSQ) Please indicate your answer on the machine scored answer sheet. Please use a number 2 pencil only

1. not satisfied
2. slightly satisfied
3. satisfied
4. very satisfied
5. extremely satisfied

Directions: Using the above scale, please rate each of the following items on the answer sheet provided.
Ask yourself, how satisfied am I, today, with:

1. The opportunity to be of service to others
2. The way I am challenged to improvise
3. The way my religious beliefs are respected
4. The opportunity to give total patient care
5. The variety of tasks I am expected to perform
6. The opportunity of having other workers look to me for direction
7. The opportunity to perform the kind of tasks I do best
8. The social position that accompanies my job in the community
9. The personnel policies and practices toward employees here
10. The way my supervisor and I understand each other
11. My job security at present
12. The amount of pay I receive for the amount of work I do
13. The working conditions such as space and facilities
14. The opportunities for advancement in this institution
15. The technical competence of my supervisor
16. The spirit of cooperation among my co-workers
17. The opportunity to be responsible for planning my work
18. The way I am commended for good performance

19. The way I participate in evaluating my work
20. The opportunity to be active most of the time
21. The way my ideas, concepts, and ways of functioning are accepted by patients
22. The opportunity to try new ideas
23. The way my moral values are accepted
24. The way I am expected to assume responsibility for the activities of auxiliary personnel
25. The opportunity to have different assignments
26. The opportunity to teach other workers
27. The opportunity to perform tasks for which I am best suited
28. The opportunity to associate with important people in the community
29. The way institutional policies are administered
30. The way my supervisor treats my co-workers
31. The employment security I have for the future
32. The opportunity for making as much money as I need
33. The working conditions such as work load and adequacy of other workers
34. The way I am encouraged to participate in continuing education offerings
35. My supervisor's decision making ability
36. The spirit of friendliness among my co-workers
37. The opportunity to make decisions on my own
38. The way I get credit for what I do
39. Being able to take pride in a job well done
40. Being able to complete my assignment
41. The way my concerns for patients are accepted by physicians
42. The way new ideas are accepted by my supervisor
43. The opportunity to show that I am trustworthy
44. The way my activities must be coordinated with other department in this institution

45. The routine tasks I must perform

46. The opportunity to supervise other workers

47. The way my best abilities are challenged

48. The opportunity to be important to patients

49. The way employees are informed of administrative policy changes

50. The way my supervisor supports us to nursing administration

51. The way layoffs and transfers are avoided on my job

52. How my pay compares with that of similar jobs in other institutions

53. The physical surroundings provided for my patients

54. The way promotions are given in this institution

55. The way work is delegated to others

56. The morale of other workers on my unit

57. The degree to which my rights and responsibilities are congruent

58. The way criticism is given in a fair, constructive manner

59. Being able to do something worthwile

60. An unrealistic amount of work to do

61. The constraints placed on me by ethical nurse-physician-patient interactins

62. The opportunity to develop new and better ways of doing things

63. The opportunity to exhibit integrity

64. The opportunity to assume a leadership function within my assignment

65. The opportunity to do many different things

66. The opportunity to make assignments to others

67. The opportunity to improve my skills and abilities

68. The opportunity to have a respected place in the community

69. The way this institution treats its employees

70. The way my supervisor handles complaints

71. The opportunities I have to obtain employment in other states

72. How my pay compares with that of other workers in this institutuion

73. The adequacy of supplies, linen, utensils, nourishment, for my patients

74. The respect given for competency by the administration of this institution

75. The way my supervisor provides help when I am having difficulty

76. The way other workers display kindness to patients

77. The way my responsibilities fit my job description

78. The way my supervisor considers each day a new beginning (evaluates me fairly)

79. The feeling of accomplishment I have at the end of each day

80. Accepting responsibility for my own acts

81. How often I am required to "float"

82. How often my co-workers are sent to another unit

83. How many times I am asked to work overtime

84. How many times I am asked to do something against my conscience

85. How many times I do not know what I should do (I feel inadequate)

86. How my supervisor asks me to do something

87. My perception of how patients feel toward me

88. My perception of how experienced nurses feel toward me

89. My perception of how physicians feel toward me

90. My perception of this institution's reputation in the community

91. My perception of the emotional climate in which I work

92. My perception of my effectiveness in this job

93. My perception of nursing as a life work

94. My perception of the overall quality of patient care given here

95. My perception of the California Nurses Association

96. My perception of the State Board of Nursing

97. My perception of how much I am appreciated by nursing administration

98. The feeling of being liked by my supervisor

99. The feeling of being respected by my supervisor

100. The adjustment between my theoretical concept of nursing and the practical application of it

101. How my supervisor responds when I ask her to help in addition to the staff already on this unit

102. The opportunities to teach patients and families

103. Being able to coordinate community resources when the patient is ready for discharge

104. The fringe benefits offered by this institution match those of similar employees in other institutions (meet your needs)

105. The way shift rotations are handled

106. My clinical learning experiences assignment related to the theory we were studying

107. My school curriculum contained sufficient clinical experience

108. My feeling that I was part of a team during student clinical experiences

109. Clinical learning experiences challenged me to develop new skills

110. My teacher was an expert clinician

111. The way my home situation fits my tours of duty

112. My choice of assignments is considered

113. The number of weekends I must work

114. The pressure under which I work

115. My aptitude for nursing

116. The opportunity to learn new things

117. My opinions are respected

118. I am becoming an important team member

119. My responsibilities fit my job preparation

120. The depth of theory in my preparation

Item Key:

Working conditions: 9, 13, 24, 25, 29, 33, 44, 49, 53, 60, 61, 69, 73, 81, 82, 83, 94, 113

Professional considerations: 3, 11, 20, 23, 31, 36, 39, 43, 51, 59, 65, 67, 71, 76, 79, 87, 89, 92, 93, 111, 115, 117

Professional preparation: 34, 85, 95, 96, 100, 106, 107, 108, 109, 110, 116, 119, 120

Compensation: 12, 32, 52, 72, 104, 105

Emotional climate: 4, 5, 7, 14, 16, 18, 19, 22, 27, 37, 38, 40, 47, 54, 55, 56, 57, 58, 62, 63, 64, 66, 68, 74, 77, 80, 91, 112, 114

Supervision: 10, 15, 30, 35, 42, 50, 70, 75, 78, 84, 86, 88, 98, 99, 101

Social significance: 1, 2, 6, 8, 17, 21, 26, 28, 41, 45, 46, 48, 90, 97, 102, 103, 118

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